

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

H

W-01896A  
Holiday Water Company  
P.O. Box 309  
Tombstone, AZ 85638

**ANNUAL REPORT**

**RECEIVED**

APR 19 2006

**FOR YEAR ENDING** Z Corporation Commissic  
Director of Utilities

12	31	2005
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FOR COMMISSION USE

ANN04	05
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entered  
4-19-06  
RF

## COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>Holiday Enterprises, Inc.</u> <sup>dba</sup> <u>Holiday Water Co.</u>			
<b>Mailing Address</b> <u>P.O. Box 309</u>			
<u>Tombstone</u> (City)	<u>Arizona</u> (State)	<u>85638</u> (Zip)	
<u>520-457-3350</u> Telephone No. (Include Area Code)	<u>520-457-3350</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
<b>Email Address</b> <u>merlecowan@juno.com</u>			
<b>Local Office Mailing Address</b> <u>P.O. Box 309</u>			
<u>Tombstone</u> (City)	<u>Arizona</u> (State)	<u>85638</u> (Zip)	
<u>520-457-3350</u> Local Office Telephone No. (Include Area Code)	<u>520-457-3350</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
<b>Email Address</b> _____			

## MANAGEMENT INFORMATION

<b>Management Contact:</b> <u>Merle M. Cowan</u> <u>manager</u>			
<u>P.O. Box 309</u> (Street)	<u>Tombstone</u> (City)	<u>Az</u> (State)	<u>85638</u> (Zip)
<u>520 457-3350</u> Telephone No. (Include Area Code)	<u>457-3350</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
<b>Email Address</b> <u>merlecowan@juno.com</u>			
<b>On Site Manager:</b> <u>Robert E. Cowan</u>			
<u>P.O. Box 309</u> (Street)	<u>Tombstone</u> (City)	<u>Az</u> (State)	<u>85638</u> (Zip)
<u>520-457-3350</u> Telephone No. (Include Area Code)	<u>520-457-3350</u> Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)	
<b>Email Address</b> _____			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

**Statutory Agent:** Robert M. Struse, Esq.  
(Name)

6750 N. Oracle Rd Tucson AZ 85704  
(Street) (City) (State) (Zip)

520-575-5555 520-575-5599  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Attorney:** Robert M. Struse, Esq.  
(Name)

6750 N. Oracle Rd Tucson AZ 85704  
(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |   |   |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S)    | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)        | <input checked="" type="checkbox"/> Subchapter S Corporation (Z)          |
| <input type="checkbox"/> Bankruptcy (B)         | <input type="checkbox"/> Association/Co-op (A)                            |
| <input type="checkbox"/> Receivership (R)       | <input type="checkbox"/> Limited Liability Company                        |
| <input type="checkbox"/> Other (Describe) _____ |   |

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> APACHE     | <input checked="" type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA       | <input type="checkbox"/> GRAHAM             | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ     | <input type="checkbox"/> MARICOPA           | <input type="checkbox"/> MOHAVE   |
| <input type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA               | <input type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI            | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE  |   |                                   |

COMPANY NAME

Holiday Ent, Inc.

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	125,764.69	<89833.00>	35931.69

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Holiday Ent. Inc.

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>			

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_  
 Acct. No. 403.

<b>COMPANY NAME</b>	<i>Holiday Ent. Inc.</i>
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**BALANCE SHEET**

Acct .No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$ 3563.13	\$ 6462.60
134	Working Funds		
135	Temporary Cash Investments	2793.55	3293.55
141	Customer Accounts Receivable	5506.09	5443.36
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 11862.77	\$ 9379.51
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 122,685.65	\$ 125764.69
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	< 85621.00 >	< 89833.00 >
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 37,064.65	\$ 35,931.69
	<b>TOTAL ASSETS</b>	\$ 48927.42	\$ 45,311.20

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME Holiday Ent. Inc.

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$ 1573.51	\$ 1573.51
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	914.15	934.14
236	Accrued Taxes	99.16	648.14
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 2651.88	\$ 3155.79
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ 0	\$ 0
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction	0	0
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	9750.00	10501.04
272	Less: Amortization of Contributions	<3566.00>	<3566.00>
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$ 6184.00	\$ 6935.04
	<b>TOTAL LIABILITIES</b>	\$ 8835.88	\$ 10090.83
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$ 4000.00	\$ 4000.00
211	Paid in Capital in Excess of Par Value	300.00	300.00
215	Retained Earnings	29993.60	39866.41
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ 34293.60	\$ 44166.41
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 43129.48	\$ 54257.24

COMPANY NAME Holiday Ent. Inc.

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 53774.82	\$ 54876.98
460	Unmetered Water Revenue		
474	Other Water Revenues	427.49	460.00
	<b>TOTAL REVENUES</b>	\$ 54202.31	\$ 55336.98
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 0	\$ 9338.66
610	Purchased Water	238.80	945.49
615	Purchased Power	8134.85	6441.02
618	Chemicals		
620	Repairs and Maintenance	607.28	< 11.87 >
621	Office Supplies and Expense	1399.64	1349.32
630	Outside Services	35172.63	27296.85
635	Water Testing	1209.29	1055.00
641	Rents	-	-
650	Transportation Expenses	1082.00	1082.00
657	Insurance - General Liability	1243.40	1244.60
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense		795.93
403	Depreciation Expense	3473.00	3724.00
408	Taxes Other Than Income	0	- 2.89
408.11	Property Taxes	2651.71	2680.83
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$ 53276.82	\$ 55938.94
	<b>OPERATING INCOME/(LOSS)</b>	\$ 925.49	\$ -601.96
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$ 206.35	\$ 251.05
421	Non-Utility Income	0	0
426	Miscellaneous Non-Utility Expenses	0	50.00
427	Interest Expense	12.00	12.30
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$ 218.35	\$ 313.35
	<b>NET INCOME/(LOSS)</b>	\$	\$ -288.61



COMPANY NAME

Holiday Ent. Inc.

**SUPPLEMENTAL FINANCIAL DATA****Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year

\$ \_\_\_\_\_

COMPANY NAME

Holiday Ent. Inc.

**WATER COMPANY PLANT DESCRIPTION****WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
39-0002197	20 HP	110 GPM		8"	4"	

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
Mutual Backup / Tie in		
with City of Tombstone		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
15	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
20,000	1	2000	1

COMPANY NAME

Holiday Ent, Inc.

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)****MAINS**

Size (in inches)	Material	Length (in feet)
2	Galv.	580
3	Transite	4150
4	Transite	8630
5		
6	Transite	4980
8		
10		
12		
1 1/2	Galv.	2374
2"	PVC	4430
3"	PVC	3100
4"	PVC	7460

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	148
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category.

**TREATMENT EQUIPMENT:**


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**STRUCTURES:**

Fencing around wellsite, air compressor,  
computer desk, wellhead, master meter

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**OTHER:**


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COMPANY NAME: Holiday Water Co.

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2005**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	152	671,490	671.49
FEBRUARY	155	846,620	846.62
MARCH	157	972,360	972.36
APRIL	155	1,189,430	1189.43
MAY	154	1,327,720	1327.72
JUNE	155	2,064,610	2064.61
JULY	155	1,673,330	1673.33
AUGUST	153	1,086,730	1086.73
SEPTEMBER	155	1,402,610	1402.61
OCTOBER	158	1,150,140	1150.14
NOVEMBER	157	1,069,280	1069.28
DECEMBER	155	982,190	982.19
TOTAL		14,436,510	14,436.51

Is the Water Utility located in an ADWR Active Management Area (AMA)?

( ) Yes

(X) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes

(X) No

If yes, provide the GPCPD amount: \_\_\_\_\_

What is the level of arsenic for each well on your system. \_\_\_\_\_ mg/l

(If more than one well, please list each separately.)

***Note: If you are filing for more than one system, please provide separate data sheets for each system.***

COMPANY NAME HOLIDAY ENTERPRISES, INC. YEAR ENDING 12/31/2005

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2005 was: \$ 2680.83

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

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VERIFICATION  
AND  
SWORN STATEMENT  
Taxes

RECEIVED

APR 19 2006

Z Corporation Commission  
Director of Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Merle M. Cowan - manager</u>
COMPANY NAME	<u>Holiday Ent. Inc.</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

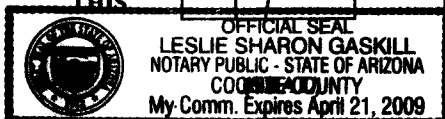
I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 17 DAY OF



MY COMMISSION EXPIRES April 21, 2009

Merle M. Cowan  
SIGNATURE OF OWNER OR OFFICIAL

520-457-3350  
TELEPHONE NUMBER

Leslie S. Gaskill

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
	<u>2006</u>

Leslie S. Gaskill  
SIGNATURE OF NOTARY PUBLIC

COMPANY NAME Holiday Enterprises, Inc.

YEAR ENDING 12/31/2005

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported 0  
Estimated or Actual Federal Tax Liability \_\_\_\_\_

State Taxable Income Reported \_\_\_\_\_  
Estimated or Actual State Tax Liability \_\_\_\_\_

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances \_\_\_\_\_  
Amount of Gross-Up Tax Collected \_\_\_\_\_  
Total Grossed-Up Contributions/Advances \_\_\_\_\_

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Merle M. Cowan  
SIGNATURE

4-17-06  
DATE

Merle M. Cowan  
PRINTED NAME

manager  
TITLE

# RECEIVED

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

APR 19 2006

Corporation Commission  
Director of Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Merle M. Cowan - manager</u>
COMPANY NAME	<u>Holiday Enterprises, Inc.</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2005 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 59,041.59

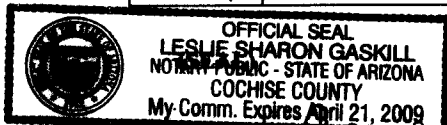
(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 3453.56  
IN SALES TAXES BILLED, OR COLLECTED)

**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 17<sup>th</sup> DAY OF



MY COMMISSION EXPIRES April 21, 2009

Merle M. Cowan  
SIGNATURE OF OWNER OR OFFICIAL

520-457-3350

TELEPHONE NUMBER

Leslie S. Gaskill

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
YEAR	<u>2006</u>

Leslie S. Gaskill  
SIGNATURE OF NOTARY PUBLIC



VERIFICATION  
AND  
SWORN STATEMENT  
**RESIDENTIAL REVENUE**  
INTRASTATE REVENUES ONLY

**RECEIVED**

APR 19 2006

Corporation Commissic  
Director of Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

COUNTY OF (COUNTY NAME) Cochise	
NAME (OWNER OR OFFICIAL) Merle M. Cowan	TITLE Manager
COMPANY NAME Holiday Ent. Inc	

MONTH	DAY	YEAR
12	31	2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 59,041.59

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 3453.56  
IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

Merle M. Cowan  
SIGNATURE OF OWNER OR OFFICIAL

520-457-3350  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

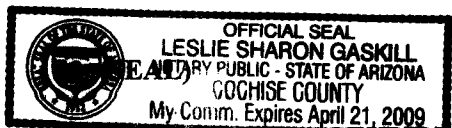
A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

17<sup>th</sup>

DAY OF

NOTARY PUBLIC NAME Leslie S. Gaskill	
COUNTY NAME Cochise	
MONTH April	YEAR 2006



MY COMMISSION EXPIRES

April 21, 2009

X Leslie S. Gaskill  
SIGNATURE OF NOTARY PUBLIC

Copy

3511

HOLIDAY WATER COMPANY  
HOLIDAY ENTERPRISES, INC.


BOX 309 PH. 520-457-3350  
TOMBSTONE, AZ 85638

91-170/1221

4-27-05

PAY TO THE ORDER OF Marsha Bonham, Cochise County Treasurer \$ 1345.72

One Thousand Three hundred & Forty Five dollars & 72/100s DOLLARS

 Bank of America  
Tombstone Branch 08425  
508 Allen St.  
Tombstone, AZ 85638  
257-0001 In Phoenix, 1-800-284-9491 Nationwide

FOR # 112989, 912-40-100 4 Marsha Bonham

⑆003511⑆ ⑆122101706⑆ 0110061757⑆ ⑆0000134572⑆

3587

HOLIDAY WATER COMPANY  
HOLIDAY ENTERPRISES, INC.


BOX 309 PH. 520-457-3350  
TOMBSTONE, AZ 85638

91-170/1221

10-27-05

PAY TO THE ORDER OF Marsha Bonham, Cochise County Treasurer \$ 1335.72

One Thousand Three hundred & Thirty Five & 72/100s DOLLARS

 Bank of America  
Tombstone Branch 08425  
508 Allen St.  
Tombstone, AZ 85638  
257-0001 In Phoenix, 1-800-284-9491 Nationwide

FOR # 912 40 100 4 Marsha Bonham

⑆003587⑆ ⑆122101706⑆ 0110061757⑆ ⑆0000133572⑆

Copy

17

POSTAGE WILL BE PAID BY ADDRESSEE  
FIRST CLASS PERMIT NO. 101  
NEW YORK, NY 10108  
7/21/65

NEW YORK, NY 10108  
MAY 20 1965  
111901331

2 4 6 1 1

FOR DEPOSIT ONLY  
PAY TO THE ORDER OF  
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